



For Office Use

Date Received \_\_\_\_\_

Concern No. \_\_\_\_\_

Concern Classification \_\_\_\_\_

### ES&H CONCERNS REPORTING FORM

Fermilab has established an ES&H Concerns Program to help identify environmental, safety and health issues. Your assistance in informing us about such concerns is essential to the success of the effort. Please fill out this form as completely as possible and mail or deliver it to the Head of the Environment, Safety, and Health Section, MS 119, Wilson Hall 7E.

You are encouraged to report your concern directly to your supervisor or the Senior Safety Officer of your division/section.

Please fill in appropriate spaces and check all items below which apply to your concern.

THIS CONCERN IS: ☐ Unique ☐ Recurring ☐ Immediate

Nature of Concern: \_\_\_\_\_

Concern Location: \_\_\_\_\_

#### WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT IS NOT RESOLVED?

☐ Loss of life

☐ Damage or loss of facilities or equipment

☐ Personnel hazard or risk of injury

☐ Damage to the environment

☐ Catastrophic release of chemicals

#### WHERE ELSE HAVE YOU REPORTED YOUR CONCERN? (IF YOU HAVE REPORTED THIS PROBLEM PREVIOUSLY, PLEASE ATTACH AS MUCH INFORMATION AS POSSIBLE)

☐ Immediate Supervisor: \_\_\_\_\_

☐ Senior Safety Officer: \_\_\_\_\_

☐ Division/Section Head: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

☐ Dept. Head/Group Leader \_\_\_\_\_

#### WHO IS YOUR EMPLOYER?

☐ FNAL

☐ Subcontractor (specify): \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

#### WHAT IS YOUR ROLE WITH REGARD TO THE AREA OF CONCERN?

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Describe your concern as explicitly but concisely as possible. Discuss anything you think is important. Include what you believe really caused the problem and what can be done to prevent a recurrence, or correct the situation. (Attach additional sheets if required.)

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If you are not satisfied with the response you receive after completion of this investigation, you may request further review by the Fermilab Directorate by contacting the Fermilab Associate Director for Operations Support at (630) 840-3211. If you are still not satisfied, you are entitled to request a review by a representative of the U.S. Department of Energy by filing a request directly with the DOE-FRMI Group at (630) 840-3281.

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ Please make every effort to maintain my confidentiality.

Fermilab Address:

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Telephone: \_\_\_\_\_

Home Address (optional):

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Home Telephone (optional): \_\_\_\_\_

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**Official Use**

HSG Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Corrective Action:

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Completion Date: \_\_\_\_\_ Response Date: \_\_\_\_\_